DOCUMENT RESUME

ED 471 439 CG 032 091

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TITLE	The Current Climate: What Does It Mean for Counselor Educators and Supervisors?
PUB DATE	2002-10-00
NOTE	10p.; Paper presented at the National Convention of the Association for Counselor Education and Supervision (Park City, UT, October 17-20, 2002).
PUB TYPE	Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE	EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS	Counselor Certification; Counselor Educators; *Counselor Training; *Ethics; *Health Maintenance Organizations; Professional Development; *Supervision; Textbooks; *Trend Analysis
IDENTIFIERS	Professional Ethics

ABSTRACT

This presentation was based upon a research study conducted with a marriage and family professional organization in a large southwestern state. This study consisted of two parts, with the first part using the Ethical Issues Questionnaire (EIQ). The EIQ has ten questions which pertain to a clinical experience and the same ten questions which refer to the supervision experience. Along with the EIQ, a demographic survey was also utilized and consisted of basic information but also asked several questions of the respondents specific to this research study. These research specific questions focused on professional identity, certification, the state of the profession, ethical concerns, and professional development. Implications of this study for counselor educators are discussed. These implications were in four categories: managed care/business issues in counselor education; the level of counseling supervisors' preparation in providing such information; ethical codes and standards and the lack of focus on business practices/managed care issues; and texts that are used in counselors education programs. (GCP)

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ED 471 439

The Current Climate: What Does It Mean for Counselor Educators and Supervisors?

by
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The content of this manuscript was presented at the international conference of the Association for Counselor Education and Supervision at Park City, Utah on October 18, 2002. The selection of presentations was a refereed process.

This presentation was based upon a research study conducted with a marriage and family professional organization in a large southwestern state. Research and Sponsored Programs at this university was the funding source for conducting this research project. Prior to this particular survey of marriage and family therapists, the Ethical Issues Questionnaire (EIQ) was normed during several summer sessions in the graduate class in ethics. The graduate students interviewed two professionals and asked them to complete the EIQ and make comments on the survey instrument.

This study consisted of two parts, and the first part was using the Ethical Issues Questionnaire (EIQ), an instrument developed by DeTrude (1999). The EIQ has ten questions which pertain to a clinical experience and the same ten questions which refer to the supervision experience. The selected ten questions or issues on the EIQ resulted from a study of ethical surveys in the counseling literature. The two surveys that were most helpful were by Neukrug, Healy, and Herlihy (1992) and Neukrug, Milliken, and Walden (2001).

Neukrug surveyed licensure boards for counselors in order to find out how many ethical complaints were received by the boards individually but also to then present the information collectively for the counseling profession. He found in 1992 that the most complaints (27%) received by the boards were on the topic of counselors practicing without a license or credentials. The second most frequent issue(20%) mentioned was a counselor having a sexual relationship with a client. At the time of this first survey, there were 72,403 credentialed counselors. Thirty-two states responded to this initial survey, but only twenty-two states recorded ethical complaints.

In the second survey (Neukrug et al, 2001) of licensure boards, inappropriate dual relationships (nonsexual) was the most frequent issue mentioned at 24% and practicing without a license was third at 8%. There were 149,700 credentialed counselors, thirty-four states responded to Neukrug's requests for date, and 30 states recorded complaints.

The EIQ looked at the frequency of the ten selected issues on a Lickert scale from one to five with one being Never Happened, two as Rarely Happened, three as Happened Sometime, four as Often Happened, and five as Happened All the Time. Respondents were to use the scale and rate how often these issues happened first in their clinical practice and then rate the issues again as to how often they happened in their supervision practice. The ten issues on the EIQ are:

1. Dual Relationships
2. Conflict Between Personal Ethics and Ethics of the Workplace
3. Breach of Confidentiality
4. Practicing Beyond One's Competence
5. Claiming Professional Qualifications That Differ from Actual Qualifications
6. Responsible Parties Informed about A Dangerous Client
7. Responsible Parties Informed about A Suicidal Client
8. Abuse of A Child, Elderly or Disabled Person Reported to Responsible Parties 9. Disclosure of a Prior Therapist Having A Sexual Relationship with A Client

10. The Professional's Reluctance to Terminate the Relationship.

Along with the EIQ a demographic survey (DeTrude, 1999) was also utilized and consisted of basic information but also asked several questions of the respondents specific to this research study. The basic information requested was age, sex, and highest degree. The other ten questions were:

1. What area is your primary professional identity -ie. Counseling, marriage and family therapy, psychology, etc.?
2. What licenses and/or certifications do you have in this specialty?
3. How many years have you practiced in this professional specialty?
4. What are the major changes you have witnessed in your profession since when you first started to practice?
5. What do you believe are the major ethical concerns for your profession?
6. Of the concerns listed in #5, how concerned are you with these in your own practice?
7. Can you recall any instances when there was a difference in values clashes between you and your clients?

   In general terms, what were those topics for the values clashes?
8. Do you have an attorney for clinical consultation purposes?
9. In Texas, we do not have the Tarasoff Act or Duty to Warn. Would you support a change in the mental health laws in Texas to change this?
10. What advice (on ethics, professional and legal issues) would you give to a new professional just starting out in the mental health field?

The presentation at ACES reviewed the basic information about the EIQ, but the majority of the information in the workshop was about the results obtained from the Demographic Survey. The reason for concentrating more on the Demographic information rather than the EIQ was little differentiation was seen in the results for the EIQ. Respondents answered as expected with very little diversion from one or two of the answers.

During the ACES Conference, it was the pleasure of these authors to meet Dr. Neukrug and inform him that we were using his articles as references for this presentation. An interesting dialogue ensued in which he described the process of obtaining the information from the counseling licensure boards in order to write the articles. The presenters shared with him the results of this research study and similar frustrations of receiving information from participants. Seven hundred packages were sent to the members of a professional association for marriage and family therapists, and 254 usable packages were returned with a response rate of 36%. Random sampling was used for the process with every seventh name selected as a recipient of the research package. A graduate assistant was hired from the Research and Sponsored Programs grant to assist with the mailing and tallying of the respondent information.

The following information was obtained from the Demographic survey . The first factor discussed was the Sex of the Respondents. Males were represented by 49.6% and females by 48.9%. There was a missing factor of 1.5%.

The next demographic variables are presented in table form with the first factor being Age of the Respondents.

Age of the Respondents

Age	Percentage
over 70	2.3
66-70	6.1
61-65	8.4
56-60	19.1
51-55	23.7
46-50	23.7
41-45	6.9
36-40	4.6
Under 36	3.1
Missing	2.9

Highest Degree

Degree	Percentage
PhD	40.5
MA	32.8
MEd	12.2
EdD	6.9
Missing	1.5

Primary Professional Identity

Identity	Percentage
M&F Therapist	62.6
Counselor	20.6
Psychologist	9.2
Social Worker	3.1
Nurse	.8
Other	1.3
Missing	2.9

Years in the Specialty

Years	Percentage
Over 25	10.7
21-25	21.4
16-20	29
11-15	22.9
6-10	13.7
0-5	.8
Missing	1.5

Licenses Held

License	Percentage
LMFT	89.3
LPC	61.1
Psychologist	9.9

- LMSW 9.9

Attorney for Consultation

Response	Percentage
Yes	56.5
No	42
Missing	1.5

The next four questions were open ended and gave the respondents the opportunity to write in responses. The first question was a combination one and asked the respondents if they had ever experienced a values clash with their clients. Over eight-nine reported that this had happened in their practice. The values clashes most frequently mentioned by the respondents were religious differences, sexual practices/identity, parenting/disciplinary measures, gender issues/homosexuality, abortion, illegal drugs/alcohol, spousal abuse, illegal activity, insurance fraud, and racial equality.

The next question asked the respondents to list the major changes they have witnessed in the profession. A major cluster of responses focused on Managed Care. All of these comments are in the negative range and tend to reflect the frustrations of the respondents in their practice. The following comments are their responses to this section on Managed Care:

Few sessions - "get em in and get em out"
Reimbursement practices
Treatment based on how much a company will pay
Difficult for clients to receive insurance
Control over practices
The prostitution of clinical ethics in an attempt to mollify managed care companies
Cheapening down of mental health
Loss of independent decision-making ability
Only the most disturbed are seen
Greater restrictions

The second major cluster for this category of Major Changes Witnessed was on Legal Risk Management. The profession as a whole appears to be attempting to address these concerns by offering risk management workshops at conferences and attempting to educate professionals through journal articles, etc. Those responses were:

Legal questions have multiplied
Litigation has increased
Increased professionalism
Increased liability

Again, it appears as if the profession as a whole is trying to educate the profession by providing workshops, scheduling meetings at major conferences, and encouraging additional manuscripts in journals and professional papers.

The third major cluster was on Ethics.

Not enough attention to ethical issues
Stressed due to the demands of ethics
More awareness of ethics training
Stricter control of ethics
Too many ethical changes

The last cluster of Major Changes Witnessed was More Men in Therapy.
An increase in men willing to engage in therapy
Less stigma for men in counseling
More men will participate in sessions

The next open-ended question asked the respondents what they believe are the major ethical concerns for the profession. The first major cluster paralleled the first category under Changes Witnessed, and these were responses that had to do with the business aspects of counseling clients. These seven most frequently offered business-related responses are directly linked to the intrusive relationship insurance companies and managed health care demand of mental health professionals. Providers are challenged to practice within the limits imposed by insurance companies and managed health care while maintaining professional integrity, respecting client confidentiality, and providing adequate length of treatment.

Confidentiality and getting paid
Managed care
Client needs versus insurance company needs
Professional integrity vs. expedience
Insurance fraud
Invasion of privacy - managed heath care
Maintain quality at lower reimbursement

The additional ethical concerns written were in dual relationships, professional boundaries, identify and remove bad counselors, misrepresentation of academic degrees and qualifications, insertion of morals, ethics, and values, and confidentiality and minors.

The last open-ended question asked the respondents to list what advice they would give to new professionals starting out in the field. The nine most frequently written responses are listed below:

1, Adhere to your spiritual and moral values without forcing them on the clients.
2. Take the profession seriously - balance fear with information and personal commitment to high standards.
3. Retain an attorney, physician, and an accountant for consultation.
4. Learn all you can about ethics
5. Seek treatment for unresolved issues
6. Find a consulting group
7. Choose a good supervisor
Supervision, supervision, supervision

8. Get good continuing ed hours
9. Watch out for dual relationships

The advice offered to new professionals can be summarized as; stay professionally alert, use good professional and ethical judgment, and take care of yourself. Also, respondents stressed the importance of choosing a good supervisor and recommended new professionals stay actively engaged in supervision.

The presenters of the workshop and the audience discussed implications of this study with respect to the findings of Neukrug et al (1992) and the implications for counselor educators in preparing future practitioners. The implications were in four categories.

The first category was the implication for counselor education programs and how much time is devoted to discussing managed care/business issues in classes. Students often will request this information but are then several years away from implementing the information in their own work due to the hours needed in the licensure process. One suggestion would be to provide a brief introduction to some of the concerns experienced by other and then provide an in depth workshop at a later time for those who are closer to being in private practice or in a clinical situation where they have to be knowledgeable about business practices.

The second implication had to do with counseling supervisors and their level of preparation in providing this information to the people they are supervising. The question for this category is if it the responsibility of a supervisor to cover managed care practices or is it their responsibility to focus solely on the clinical work of the supervisee.

The third implication looked at ethical codes and standards and the lack of focus on business practices/managed care issues. The Ethical Codes of the American Counseling Association (ACA,1995) has a few sections on billing, bartering, and client responsibility, but the codes do not directly address any of the concerns listed in this survey.

The fourth implication is for the texts that are used in counselor education programs. Several texts were used as examples, such as the latest Remley and Herlihy (2001) which has 41 pages devoted to counselors and business practices. Topics were counselors as employers, managed care, health care plans, and avoiding fraud. This was a fairly comprehensive chapter as compared to other texts such as those written by Cottone and Tarvydas (1998, 2002). In the 1998 text, two pages are written on managed care. In the latest edition two pages are again devoted to managed care. In the latest edition though, there is a new chapter on office and administrative practices which looks at the working climate of an office, how to set up an office, etc.

The last implication discussed was that of workshops and the content offered to educate professionals on these topics. The 2001 ACA Conference schedule was scanned and an all day workshop was offered on "Legal Aspects of Counseling and How to Become Your Own Legal Risk Manager." Along with that presentation, there was a short workshop on "Dealing with Managed Care: An Insider's Perspective." Under the Advocacy section for this conference, there were 29 presentations offered, and only three were on ethics, including one titled "Avoiding the Slippery Slope." Under the Private Practice section twenty workshops were offered and only one focused on the issues from this manuscript, "ethical Dilemmas and Religious Issues."

While all of the above indicate the need for additional resources in understanding ethics, professional, and legal issues, it is also understood by these presenters that it is very difficult to

keep ahead of the rapidly changing field of counseling, especially the area of managed care due to the distinct differences of the multiple providers. Much of the critical information that is being sought by the respondents in this study is often gained on the job by working with the individual providers.

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